This is your mailing label. It is required to send the certified copy to the address you specify.

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N	NAME						
N	MAILING ADDRESS _						
C	CITY		STATE	ZIP			
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		WAS	HINGTON	I STATE BIRTH APPLICATI	ON	FOR OFFI	CE USE ONLY
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FATHER'S FULL NAI	ME		Middle	Last		DOH 110-0	11A Front (Rev. 7/97
	First ME AND ADDRESS RE	QUIRED	Middle	Last			
				PHONE			
		TO DEBARTMENT OF					

Send this completed application and the \$13 per certified copy fee to:

DEPARTMENT OF HEALTH CENTER FOR HEALTH STATISTICS PO BOX 9709 OLYMPIA, WA 98507-9709

(360) 753-5936

INSTRUCTIONS

- Please print clearly. Incomplete applications will be returned without processing.
- 2. Washington State began filing birth records July 1, 1907. Births which occurred prior to that date were filed only in the county of event.
- 3. If a matching record is found, a certified copy will be sent to the address on the mailing label. If no record is found, a letter will be sent to that address.
- 4. Effective April 23, 1990, the Department of Health will refund monies in excess of \$5 only. A refund for a lesser amount must be requested in writing within one year of payment.
- 5. If you are submitting an adoption decree or paternity acknowledgment form with this request, include \$15 for the sealed file action and \$13 for each certified copy of the amended certificate.
- 6. Heirloom birth certificates are sold for \$25 each and include a \$17 tax deductible donation to the Washington State Children's Trust Fund, administered by the Washington Council for the Prevention of Child Abuse and Neglect. The money is used to fund programs aimed at the prevention of child abuse. This certificate carries the same legal status as a certified copy from the child's original birth certificate.

Supersedes All Previous Editions

DOH 110-011A Back (Rev. 7/97)